

TITLE V ABSTINENCE EDUCATION

SEPTEMBER 1999

DEFERRED FORMS

Blank Forms and Instructions

**Title V Abstinence Education
September 1999
BLANK FORMS AND INSTRUCTIONS
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**TEXAS DEPARTMENT OF HEALTH
CONTACT PERSON INFORMATION (FORM M)**

Legal Name of Applicant: _____

The purpose of this form is to provide information to TDH about the appropriate contact person in the applicant's organization. Please type in complete information about each person authorized to perform the following responsibilities. If any of the following information changes during the term of the contract, please notify the Vendor Coordinator, Grants Management Division, TDH.

**Name of
Applicant's Authorized Representative:** _____
Title: _____
Address: _____
E-Mail Address: _____
Telephone Number: _____ **Fax Number:** _____

**Name of
Project Coordinator:** _____
Title: _____
Address: _____
E-Mail Address: _____
Telephone Number: _____ **Fax Number:** _____

**Name of contact person
regarding this application:** _____
Title: _____
Address: _____
E-Mail Address: _____
Telephone Number: _____ **Fax Number:** _____

Name of Financial Officer: _____
Title: _____
Address: _____
E-Mail Address: _____
Telephone Number: _____ **Fax Number:** _____

**Name of person responsible for Project
Quality Assurance (if applicable):** _____
Title: _____
Address: _____
E-Mail Address: _____
Telephone Number: _____ **Fax Number:** _____

**TEXAS DEPARTMENT OF HEALTH
ADMINISTRATIVE INFORMATION (FORM N)**

Legal Name of Applicant: _____

INSTRUCTIONS: Answer each question or provide the required information for each statement below. The form must be signed by an authorized representative of the applicant. If responses require additional pages, identify the supporting pages/documentation with the applicable question or statement number and place the pages behind this form.

Identifying Information

1. The applicant must attach the following information:

If a Governmental Entity

- **Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the applicant.**

If a Nonprofit or For profit Corporation

- **Full names (last, first, middle), addresses, telephone numbers, titles and occupations of members of the Board of Directors or any other principal officers. Indicate what offices are held by members (e.g. chairperson, president, vice-president, treasurer, etc).**
- **Full names (last, first, middle) and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if applicant is a for profit corporation.**

2. Is applicant a private, nonprofit organization?

☐ **YES** ☐ **NO**

If YES, applicant must include evidence of its nonprofit status with the application. Any one of the following is acceptable evidence and should be attached following this form. Check the appropriate box for the attached evidence or complete the "Previously Filed" section, whichever is applicable.

- ☐ (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- ☐ (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- ☐ (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- ☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- ☐ (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with a program of TDH, it will not be necessary to file similar papers again, but the TDH program name and date of filing must be indicated.

Previously Filed with: (TDH Program)

On (Date)

**TEXAS DEPARTMENT OF HEALTH
ADMINISTRATIVE INFORMATION (FORM N)**

Legal Name of Applicant: _____

INSTRUCTIONS: Answer each question or provide the required information for each statement below. The form must be signed by an authorized representative of the applicant. If responses require additional pages, identify the supporting pages/documentation with the applicable question or statement number and place the pages behind this form.

3. Is applicant a for-profit entity?

☐ YES ☐ NO

*If YES, applicant must complete the Texas Department of Health Child Support Certification (form is contained in **SECTION VII. BLANK FORMS AND INSTRUCTIONS**). The Texas Family Code, §231.006 places certain restrictions on child support obligors. (Contracts with governmental entities or nonprofit corporations are not subject to §231.006.) The form requires the applicant to certify that any individual or sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25 percent is not 30 days or more delinquent in providing child support under a court order or written repayment agreement under the Texas Family Code, §231.006. A false statement regarding child support will be treated as a material breach of the contract and may be grounds for termination.*

Conflict Of Interest and Contract History

The applicant must disclose any existing or potential conflicts of interest relative to the performance of the requirements of this RFP. Examples of potential conflicts may include an existing business or personal relationship between the applicant, its principal, any affiliate or subrecipient with TDH, the participating agencies, or any other entity or person involved in any way in any project that is the subject of this RFP. Similarly, any personal or business relationship between the applicant, the principals, any affiliate or subrecipient with any employee of TDH, a participating agency, or their respective suppliers, must be disclosed. Any such relationship that might be perceived or represented as a conflict must be disclosed. Failure to disclose any such relationship may be cause for contract termination or disqualification of the proposal. If, following a review of this information, it is determined by TDH that a conflict of interest exists, the applicant may be disqualified from further consideration for the award of a contract.

1. Does anyone in the applicant organization have any existing or potential conflict of interest relative to the performance of the requirements of this RFP?

☐ YES ☐ NO

If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)

2. Has any member of applicant's executive management, project management, governing board or principal officers been employed by the State of Texas within the past 24 months?

☐ YES ☐ NO

If YES, indicate her/his name, social security number, job title, agency employed by, separation date, and reason for separation.

3. Has applicant had a contract with TDH within the past 24 months?

☐ YES ☐ NO

If NO, applicant shall submit a copy of the organization's most recent balance sheet and statement of income and expenses. TDH will evaluate the financial statements and may, at its sole discretion, reject the proposal on the grounds of the applicant's financial capability.

**TEXAS DEPARTMENT OF HEALTH
ADMINISTRATIVE INFORMATION (FORM N)**

Legal Name of Applicant: _____

INSTRUCTIONS: Answer each question or provide the required information for each statement below. The form must be signed by an authorized representative of the applicant. If responses require additional pages, identify the supporting pages/documentation with the applicable question or statement number and place the pages behind this form.

- 4. Has any member of applicant's executive management, project management, governing board, or principal officers contracted with TDH during the past 24 months or been affiliated with an organization which has contracted with TDH during the past 24 months?**

☐ YES ☐ NO

If YES, indicate the contract number(s), name of contractor, vendor ID and/or any other information available to identify the contract. Indicate if the contract(s) is/was probated, restricted, or otherwise subject to any type of sanction. (Attach no more than one additional page.)

- 5. Is applicant or any member of applicant's executive management, project management, board members or principal officers delinquent on any state, federal or other debt or affiliated with an organization which is delinquent on any state, federal or other debt?**

☐ YES ☐ NO

If YES, please explain. (Attach no more than one additional page.)

- 6. Has the applicant or any member of applicant's executive management, project management, board members or principal officers had a contract terminated for cause in the last five years or been affiliated with an organization which has had a contract terminated for cause in the last five years?**

☐ YES ☐ NO

If YES, submit full details including the other party's name, address, and phone number. Termination for cause is defined as notice to stop performance that was delivered to the applicant because of the applicant's non-performance, improper performance, or wrongful performance, and the issue of performance was either (a) not appealed or litigated due to inaction on the part of the applicant, or (b) appealed or litigated and determined that the applicant was in breach. TDH will evaluate the facts and may, at its sole discretion, reject the proposal on the grounds of the applicant's or any member of applicant's executive management, project management, board members or principal officers past performance (Attach no more than one additional page.)

- 7. Within the past five years, has the applicant or any member of the applicant's executive management, project management, board members or principal officers been debarred, suspended, or otherwise excluded from or deemed ineligible for participation in Federal assistance programs or affiliated with an organization which has been debarred, suspended, or otherwise excluded from or deemed ineligible for participation in Federal assistance programs?**

☐ YES ☐ NO

If YES, and applicant is currently debarred, suspended, excluded, or ineligible, applicant may not apply for funding. If applicant has been debarred, suspended, excluded, or ineligible, over the past five years but is now eligible, please explain. (Attach no more than one additional page.)

**TEXAS DEPARTMENT OF HEALTH
ADMINISTRATIVE INFORMATION (FORM N)**

Legal Name of Applicant: _____

INSTRUCTIONS: Answer each question or provide the required information for each statement below. The form must be signed by an authorized representative of the applicant. If responses require additional pages, identify the supporting pages/documentation with the applicable question or statement number and place the pages behind this form.

- 8. Does the applicant or any member of applicant's executive management, project management, board members or principal officers owe funds to TDH or other agency of the state or ever defaulted on an agreed repayment schedule with any funding organization?**

☐ **YES** ☐ **NO**

If YES, please explain. (Attach no more than one additional page.)

Signature of Authorized Official	Title
Typed Name of Authorized Representative	Date



Applicant Name: _____
Application/RFP Deadline: _____
TDH RFP Name: _____

TEXAS DEPARTMENT OF HEALTH
HUB GOOD FAITH EFFORT PROGRAM(GFEP)/CLIENT SERVICES
(FORM O 1)

In accordance with Texas Government Code Title 10, Subtitle D, Chapter 2161 and Title 1 Texas Administrative Code (TAC) §111.11 through §111.24, state agencies are required to make a good faith effort to assist historically underutilized businesses (HUBs) in receiving contract awards issued by the state. The goal of this program is to promote full and equal business opportunities for all businesses in contracting with the state. See back of form for HUB definition.

The Texas Department of Health (TDH) is very committed to the HUB program and shall make a good faith effort to utilize HUBs in contracts for commodities and service purchases. TDH will achieve annual program goals by contracting directly with HUBs or indirectly through subcontracting opportunities. A *subcontractor* is an entity that enters into a contract with a contractor (vendor) to provide the goods or services for which the contractor is responsible under the terms of its contract with TDH.

It is the intent of TDH that *all* TDH contractors make a good faith effort to subcontract with HUBs during the performance of their contract; however, **any business that enters into a Client Services contract with TDH for \$100,000 or more shall be required to make a good faith effort to award subcontracts to HUBs to meet the goal of 18.10%.** Any combination of the following subcontracting areas may be used to satisfy this goal:

- Commodity purchases (e.g. medical supplies, office supplies, laboratory supplies)
- Professional Services (e.g. physicians, nursing, laboratory services, pharmacy)
- Other Services (e.g. legal services, consulting, maintenance/repair services, computer services)

This Good Faith Effort Program goal does not prevent any business group from participating in contracting opportunities with the State of Texas. Further assistance and/or copies of the applicable sections of 1 TAC can be obtained by contacting the TDH HUB Program at (512) 458-7111, extension 3760 or 1-800-243-7487.

INSTRUCTIONS:

Applications for contract funds totaling less than \$100,000 - Applicants are encouraged to voluntarily comply with the HUB Good Faith Effort Program, complete and return this HUB Good Faith Effort Program/Client Services Form with the application, and if a contract is awarded, to submit Quarterly Reports regarding HUB subcontracting activity. However, for applications less than \$100,000, completion of this form and Quarterly Reports are not mandatory.

Applications for contract funds totaling \$100,000 or more - Applicants are required to: comply with the HUB Good Faith Effort requirements, complete and return this HUB Good Faith Effort Program/Client Services form along with a supplemental letter as explained below (#3) with the application or no later than 7 working days following the submission of the original application, and if a contract is awarded, to submit appropriate Quarterly Reports regarding HUB subcontracting activity. For applications totaling \$100,000 or more, compliance with these requirements is a condition of awarding a contract.

1. Are you certified as a Texas Historically Underutilized Business (HUB)? _____ Yes _____ No
If "Yes" - What percentage of the contract work will be completed by your employees? _____
2. If an award is issued, do you plan to utilize a HUB Subcontractor or Supplier for all or any portion of the contract?
_____ Yes _____ No If "Yes" - What percentage of the total dollar amount of the award will be or is estimated to be subcontracted? _____
3. Attach supplemental documentation based on your answer to question #2 as follows: If "Yes"- List specific subcontracting or supply areas that compose the percentage amount listed; if "No"- Provide written explanation.

Quarterly Reports (Due December, March, June and September): If TDH determines you have complied with the good faith effort requirements and awards you a contract, you will be required to submit one of the following quarterly reports if you provide any HUB subcontracting opportunities:

Non-HUB Vendors: Progress Assessment Report by Non-Historically Underutilized Businesses of Work Sub-Contracted (NON-HUB-PAR).
HUB Vendors: Progress Assessment Report by Historically Underutilized Business of Work Sub-Contracted (HUB-PAR-A).

Applicant Representative Signature: _____

NOTE: A list of all General Service Commission certified HUBs may be electronically accessed through the Internet. Using a Web Browser (like Netscape, Mosaic, etc.), connect to <http://www.gsc.state.tx.us> (this is the GSC home page).

**TEXAS DEPARTMENT OF HEALTH
HUB DEFINITION**

A HUB is defined in the Texas Government Code §2161.001(2), VTCA, as:

- A. a corporation formed for the purpose of making a profit in which 51 percent or more of all classes of the shares of stock or other equitable securities are owned by one or more socially disadvantaged persons who have a proportionate interest and actively participate in the corporation's control, operation, and management;
- B. a sole proprietorship created for the purpose of making a profit that is completely owned, operated, and controlled by a socially disadvantaged person;
- C. a partnership formed for the purpose of making a profit in which 51 percent or more of the assets and interest in the partnership are owned by one or more socially disadvantaged persons who have a proportionate interest and actively participate in the partnership's control, operation, and management;
- D. a joint venture in which each entity in the venture is a historically underutilized business; or
- E. a supplier contract between a historically underutilized business and a prime contractor under which the historically underutilized business is directly involved in the manufacture or distribution of the goods or otherwise warehouses and ships the goods.

"Socially disadvantaged person" is defined in Texas Government Code §2161.001(3) as ". . . a person who is socially disadvantaged because of the person's identification as a member of a certain group, including Black Americans, Hispanic Americans, women, Asian Pacific Americans and Native Americans, and who has suffered the effects of discriminatory practices or other similar insidious circumstances over which the person has no control."

A HUB is defined in the General Appropriations Act, 75th Legislature, Regular Session, ARTICLE IX, General Provisions, Section 124, Contracting with Historically Underutilized Businesses, Subsection 3, in the same manner except that "socially disadvantaged person" is replaced with the term "economically disadvantaged person." The term "economically disadvantaged person" is defined in the General Appropriations Act as ". . . a person who is economically disadvantaged because of the person's identification as a member of certain groups, including Black Americans, Hispanic Americans, women, Asian Americans and Native Americans, and who has suffered the effects of discriminatory practices or other similar insidious circumstances over which the person has no control."



Contractor: _____ TDH Grant/Contract Name: _____ _____
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PROGRESS ASSESSMENT REPORT BY
NON-HISTORICALLY UNDERUTILIZED BUSINESS
OF WORK SUB-CONTRACTED (NON-HUB-PAR)
(FORM O 2a)

Contractor Name: _____
Vendor Identification Number(VID#): _____
Mailing Address: _____
Total Contract Amount: \$ _____
Total Amount Paid to HUB Subcontractor(s): \$ _____

For HUB Subcontractor/Supplier, write in the letter "H" and the GSC Certification #. If NON-Certified HUB Subcontractor, write in the letter "N".	Name of Subcontractor/Supplier	VID#, Social Security, or Federal ID #	\$ Amount Paid This Period	\$ Total Paid to Date

To be reported quarterly by the following dates:

Quarter	Months Included	Deadline
First	Sept., Oct., Nov.	December 5th
Second	Dec., Jan., Feb.	March 5th
Third	March, April, May	June 5th
Fourth	June, July, Aug.	September 5th

Signature _____
 Title _____
 Date _____
 Telephone # _____

Return to: Texas Department of Health
 Attn: TDH HUB Coordinator
 Bureau of Support Services
 1100 West 49th Street, G-103
 Austin, TX 78756

Attach a narrative report describing your good faith efforts during the reporting period.



Contractor: _____
TDH Grant/Contract Name: _____

PROGRESS ASSESSMENT REPORT BY
HISTORICALLY UNDERUTILIZED BUSINESS
OF WORK SUB-CONTRACTED (HUB-PAR)
(FORM O 2b)

Contractor Name: _____
Vendor Identification Number(VID#): _____
Mailing Address: _____
Total Contract Amount: \$ _____ **Total Amount Paid to HUB Subcontractor(s): \$** _____
% of Contract performed by Contractor's employees for reporting period: _____

For HUB Subcontractor/Supplier, write in the letter "H" and the GSC Certification #. If NON-Certified HUB Subcontractor, write in the letter "N".	Name of Subcontractor/ Supplier	VID#, Social Security, or Federal ID #	\$ Amount Paid This Period	\$ Total Paid to Date

To be reported quarterly by the following dates:

Quarter	Months Included	Deadline
First	Sept., Oct., Nov.	December 5th
Second	Dec., Jan., Feb.	March 5th
Third	March, April, May	June 5th
Fourth	June, July, Aug.	September 5th

Signature _____
Title _____
Date _____
Telephone # _____

Return to: Texas Department of Health
Attn: TDH HUB Coordinator
Bureau of Support Services
1100 West 49th Street, G-103
Austin, TX 78756

Attach a narrative report describing your good faith efforts during the reporting period.

Legal Name of Applicant: _____

The contractor identified below is not a governmental entity or a nonprofit corporation and certifies to the following:

- (B) Printed Name: _____
Social Security Number: _____

4. Printed Name of Contractor:

Signing this Certification:

Signature of Authorized Representative:

Date: _____

Page_____

**TEXAS DEPARTMENT OF HEALTH
ASSURANCES (FORM O 4)**

Legal Name of Applicant: _____

Note: Some of these assurances may not be applicable to your project. If you have questions, contact the awarding program within TDH. Further, the applicant may need to certify to additional assurances pursuant to specific state/federal awarding agencies' regulations. If such is the case, you will be notified or an appendix will be added to this package or included in the resulting contract.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for state/federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-state/federal share of project costs) to ensure proper planning, management and completion of the project described in this application;
2. Has a financial system that demonstrates accounting, budgetary and internal controls; cash management; reporting capability; cost allowability determination; and source documentation;
3. And parent, affiliate, or subsidiary organization, if such a relationship exists, will give TDH, the Texas State Auditor, the Comptroller General of the United States, and if appropriate, the federal government, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives;
4. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain;
5. Will honor for 90 days after the application due date the technical and business terms contained in the application;
6. Will initiate the work after receipt of a fully executed contract and will complete it within the contract period;
7. Will comply with the requirements of the Immigration Reform and Control Act of 1986, 8 USC §§1324a, et seq., as amended, regarding employment verification and retention of verification forms for any individual(s) hired on or after November 6, 1986, who will perform any labor or services proposed in this application;
8. Agrees to comply with the following to the extent such provisions are applicable:
 - A. Title VI of the Civil Rights Act of 1964, 42 USC §§2000d, et seq.;
 - B. Section 504 of the Rehabilitation Act of 1973, 29 USC §794(a);
 - C. The Americans with Disabilities Act of 1990, 42 USC §§12101, et seq.; and

TEXAS DEPARTMENT OF HEALTH
ASSURANCES (FORM O 4)

Legal Name of Applicant: _____

- D. All amendments to each and all requirements imposed by the regulations issued pursuant to these acts, especially 45 CFR Part 80 (relating to race, color and national origin), 45 CFR Part 84 (relating to handicap), 45 CFR Part 86 (relating to sex), and 45 CFR Part 91 (relating to age).
9. Will comply with the Uniform Grant and Contract Management Act (UGCMA), Texas Government Code, Chapter 783, VTCA, and the Uniform Grant Management Standards (UGMS), as amended by revised federal circulars and incorporated in UGMS by the Governor's Budget and Planning Office, which apply as terms and conditions of any resulting contract. If a conflict arises between the provisions of a resulting contract, and the provisions of UGCMA and UGMS, the provisions of UGCMA and UGMS will prevail unless expressly stated otherwise. A copy of the UGMS manual and its references are available upon request;
10. Will remain current in its payment of franchise tax or is exempt from payment of franchise taxes, if applicable;
11. Will comply with the non-discriminatory requirements of Texas Labor Code, Chapter 21, VTCA, which requires that certain employers not discriminate on the basis of race, color, disability, religion, sex, national origin, or age;
12. Will comply with environmental standards which may be prescribed pursuant to the following:
- A. Institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 USC 4321-4347, and Executive Order (EO) 11514 "Protection and Enhancement of Environmental Quality;"
 - B. Notification of violating facilities pursuant to EO 11738 "Providing for Administration of the Clean Air Act and the Federal Water Pollution Contract Act with Respect to Federal Contracts, Grants or Loans;"
 - C. Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, as amended, 42 USC §§7401- 7642;
 - D. Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, 21 USC §349, 42 USC §§300f-300j;
13. Will comply with the Pro-Children Act of 1994, 20 USC §§6081-6084, regarding the provision of a smoke-free workplace and promoting the non-use of all tobacco products;
14. Will comply, if applicable, with National Research Service Award Act of 1971, 42 USC §289L-1 and 20 USC §§2080-6081, regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance;

**TEXAS DEPARTMENT OF HEALTH
ASSURANCES (FORM O 4)**

Legal Name of Applicant: _____

15. Will comply, if applicable, with the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 USC §263 a, which establish federal requirements for the regulation and certification of clinical laboratories;
16. Will comply, if applicable, with the Occupational Safety and Health Administration Regulations on Bloodborne Pathogens, 56 Fed. Reg. 64175 (1991), 29 CFR §1919.030, which set safety standards for those workers and facilities who may handle bloodborne pathogens;
17. Will bear, if a private nonprofit organization or a for profit organization, along with its governing board, full responsibility for the integrity of the fiscal and programmatic management of the organization which includes accountability for all funds and materials received, compliance with applicable federal/state rules, policies, procedures, laws and regulations, and correction of fiscal and program deficiencies identified through self-evaluation or future state/federal monitoring processes. Ignorance of requirements contained or referenced herein or in the resultant contract shall not constitute a defense or basis for waiving or appealing such provisions or requirements. Further, the governing board shall ensure separation of powers, duties, and functions of board members and organization staff;
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, 31 USC §§7501-7507, and any revisions thereto;
19. Will supplement the project/activity with funds made available through a contract award as a result of this RFP and will not supplant funds;
20. Affirms that it has not given, nor intends to give, at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement;
21. Will not, if a for profit organization, charge a fee for profit. A profit or fee is considered to be an amount in excess of actual allowable, allocable, and reasonable direct and indirect costs which are incurred in conducting an assistance project;
22. Will comply with all applicable requirements of all other state/federal laws, executive orders, regulations, and policies governing this program.

**TEXAS DEPARTMENT OF HEALTH
ASSURANCES (FORM O 4)**

Legal Name of Applicant: _____

The above certifications and assurances are made as a required element of the proposal to which they are attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract(s):

Signature of Authorized Certifying Official	Title
Legal Name of Applicant	Date

**TEXAS DEPARTMENT OF HEALTH
CERTIFICATIONS (FORM O 5)**

Legal Name of Applicant: _____

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and his/her principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (federal, state, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation should be placed after this form in the application response.

The applicant agrees by submitting this proposal that he/she will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transaction" (Appendix B to 45 CFR Part 76) in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions.

2. CERTIFICATION REGARDING LOBBYING

Title 31, USC §1352, entitled "Limitation on use of appropriated funds to influence certain federal contracting and financial transactions," generally prohibits recipients of federal grants and cooperative agreements from using federal (appropriated) funds for lobbying the executive or legislative branches of the federal government in connection with a **SPECIFIC** grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a federal grant or cooperative agreement must disclose lobbying undertaken with non-federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of

**TEXAS DEPARTMENT OF HEALTH
CERTIFICATIONS (FORM O 5)**

Legal Name of Applicant: _____

- any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (b) If any funds other than federally-appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agent, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," (SF-LLL) in accordance with its instructions. SF-LLL and continuation sheet are included at the end of this application form.
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by USC §1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure."

3. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that the statements herein are true, accurate, and complete, and agrees to comply with the TDH terms and conditions if an award is issued as a result of this application. Willful provision of false information is a criminal offense (Title 18, USC §1001). Any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).

Signature of Authorized Certifying Official	Title
Applicant Organization	Date

Approved by OMB

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. Status of Federal Action <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: Year _____ Quarter _____ Date of last report _____	
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known:			5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known:		
6. Federal Department/Agency:			7. Federal Program Name/Description: CFDA Number, if applicable: _____		
8. Federal Action Number, if known:			9. Award Amount, if known: \$		
10. a. Name and Address of Lobbying Entity (If individual, last name, first name, MI): (Attach Continuation			b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): Sheets(s) SF-LLL-A, if necessary)		
11. Amount of Payment (check all that apply): \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned			13. Type of Payment (check all that apply): <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other, specify: _____		
12. Form of Payment (Check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____					
14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment indicated in item 11. (Attach Continuation Sheets(s) SF-LLL-A, if necessary)					
15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No					
16. Information requested through this form is authorized by Title 31 USC Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 USC 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature _____		
			Print Name: _____		
			Title: _____		
			Legal Name of Applicant: _____		
			Telephone No: _____ Date: _____		
Federal Use Only:			Authorized for Local Reproduction Standard Form - LLL		

**TEXAS DEPARTMENT OF HEALTH
DISCLOSURE OF LOBBYING ACTIVITIES (FORM O 6)
CONTINUATION SHEET**

Approved by OMB
0348-0046

Reporting Entity: _____ Page _____ of _____

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Standard Form - LLL-A

INSTRUCTIONS FOR COMPLETION OF SF-LLL DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime federal recipient, at the initiation or receipt of a covered federal action, or a material change to a previous filing, pursuant to Title 31 USC §1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with a covered federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered federal action.
2. Identify the status of the covered federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include congressional district, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g. the first subawardee of the prime is the first tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "subawardee", then enter the full name, address, city, state and zip code of the prime federal recipient. Include congressional district, if known.
6. Enter the name of the federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the federal program name or description for the covered federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate federal identifying number available for the federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract, grant, or loan award number, the application/proposal control number assigned by the federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered federal action where there has been an award or loan commitment by the federal agency, enter the federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter last name, first name, and middle initial (MI)
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check

**INSTRUCTIONS FOR COMPLETION OF SF-LLL
DISCLOSURE OF LOBBYING ACTIVITIES**

all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If "other," specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with federal officials. Identify the federal official(s) or employee(s) contacted or the officer(s), employee(s), or member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.
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**TEXAS DEPARTMENT OF HEALTH
NONPROFIT BOARD MEMBERS AND EXECUTIVE OFFICERS
ASSURANCES (FORM O 7)**

(Name & Address Of Organization)

The persons signing on behalf of the above-named organization certify that they are duly authorized to sign this Assurances Form on behalf of the organization.

- 1) The undersigned acknowledge that an annual budget has been approved for each contract with TDH.
- 2) The Board of Directors convenes on a regularly-scheduled basis (no less than quarterly) to discuss the operations of the organization.
- 3) Actual income and expenses are being compared with the approved budget, variances are noted, and corrective action taken as needed (with board approval).
- 4) Timely and accurate financial statements are presented by the designated financial officer on a regular basis to the board.
- 5) Any required financial reports and forms, whether federal or state, are being filed on a current and timely basis.
- 6) Adequate internal controls are in place to ensure fiscal integrity and accountability and to safeguard assets.
- 7) The Treasurer of the Board has been fully informed of his or her responsibilities as Treasurer.
- 8) The Board has Audit and/or Finance Committees that convene regularly and communicate effectively with the Board Treasurer and other board members in understanding and responding to financial developments.
- 9) The organization observes generally accepted accounting principles when preparing financial statements, and fund accounting practices are observed to ensure integrity among specific contracts or grants.
- 10) This form will be discussed in detail at the next official board meeting and that discussion and a copy of this form will be included in the minutes of the meeting. A copy of the minutes will be forwarded to the Texas Department of Health's Grants Management Division no later than 45 days after the meeting in which the form was discussed.

Chairman of the Board Signature Date

President/Executive Director Signature Date

TEXAS DEPARTMENT OF HEALTH
CERTIFICATE REGARDING LICENSE, CERTIFICATE, OR PERMIT (FORM O 8)

Article IX, Section 163 of the General Appropriations Act, 75th Legislature prohibits an agency which receives an appropriation under either Article II or V of the General Appropriations Act from awarding a contract with the owner, operator, or administrator of a facility which has had a license, certificate, or permit revoked by another Article II or V agency.

For purpose of this requirement, Article II agencies are:

- | | |
|---|--|
| • Texas Department of Aging | • Texas Health & Human Services Commission |
| • Texas Commission on Alcohol and Drug Abuse | • Texas Department of Human Services |
| • Texas Commission for the Blind | • Texas Department of Mental Health & Mental Retardation |
| • Texas Cancer Council | • Texas Department of Protective and Regulatory Services |
| • Children's Trust Fund of Texas Council | • Texas Rehabilitation Commission |
| • Texas Commission for the Deaf and Hard of Hearing | • Texas Department of Health |
| • Interagency Council on Early Childhood Intervention | |

For the purpose of this requirement, Article V agencies are:

- | | |
|---|--|
| • Adjutant General's Office | • Texas Commission on Law Enforcement Officers Standards & Education |
| • Texas Alcoholic Beverage Commission | • Texas Polygraph Examiners Board |
| • Texas National Guard Armory Board | • Board of Private Investigators and Private Security Agencies |
| • Texas Department of Criminal Justice | • Texas Department of Public Safety |
| • Texas Criminal Justice Policy Council | • Texas Council on Sex Offender Treatment |
| • Texas Commission on Fire Protection | • Texas Youth Commission |
| • Texas Commission on Jail Standards | |
| • Texas Juvenile Probation Commission | |

Certification

In accordance with Section 163 of Article IX of the General Appropriations Act, 75th Legislature the undersigned certifies that no owner, operator, or administrator of the facility or entity applying for this contract has had a license, certificate, or permit revoked by any of the Texas state agencies listed above.

Signature

Date

Printed Name

Title or Position with Contractor

Legal Name of Applicant: _____